FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | | NIZATION | |
|----------------------------|--|--|---|
| | (See in | structions) | Office use only |
| NAME OF COMMITTEE (in | (Check if na is changed) | | 12FE4M5 |
| TRANSPORT | WORKERS UNION POLITIC | AL CONTRIBUTIONS COMMIT | [TEE |
| | | | |
| ADDRESS (number and | 1700 Broadway | y, 2nd Floor | |
| (Check if add | iress | | |
| is changed) | New York | | NY 10019 - |
| COMMITTEE'S E-MA | All ADDRESS | CITY▲ | STATE▲ ZIP CODE ▲ |
| j-odonnell@tv | | | |
| | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | | |
| | | | |
| | | | |
| COMMITTEE'S FAX 2122654214 | NUMBER | | |
| 2. DATE M 0 9 | 9 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| 3. FEC IDENTIFICA | ATION NUMBER | C C00008268 | |
| 4. IS THIS STATE! | MENT X NEW (N) | OR AMENDED (A) | |
| I certify that I have exam | nined this Statement and to the best of | f my knowledge and belief it is true, corre | ct and complete |
| Type or Print Name of | f Treasurer Joseph Go | ordon | |
| Signature of Treasure | er Electronically Filed by Jos | eph Gordon | Date 09 / 13 / Y 2007 |
| NOTE: Submission of fa | · | ation may subject the person signing this | Statement to the penalties of 2 U.S.C. S437g. ED WITHIN 10 DAYS |
| Office Use Only | | For further informat Federal Election Com Toll Free 800-424-95 | mission FEC FORM 1 |

| 5. TYPE OF COMMITTEE (Check One) | | | | |
|---|--|--|--|--|
| (a) This committee is a principal campaign committee. | (Complete the candidate information below.) | | | |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | |
| Name of Candidate | | | | |
| Candidate Office Party Affiliation Sought: H | ouse Senate President District | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name of Candidate | | | | |
| | nal, State (Democratic, Republican,etc.) Party. | | | |
| (e) This committee is a separate segregated fund | | | | |
| (f) X This committee supports/opposes more than one Forcement Committee. | ederal candidate, and is NOT a separate segregated fund or party | | | |
| 6. Name of Any Connected Organization or Affiliated Committee | 9 | | | |
| Transport Workers Union of America | | | | |
| | | | | |
| Mailing Address 1700 Broadway | , 2nd Floor | | | |
| 1 | | | | |
| New York | NY 10019 - | | | |
| CITY▲ | STATE ▲ ZIP CODE ▲ | | | |
| Relationship Connected Organizati | | | | |
| Type of Connected Organization: | | | | |
| Corporation Corporation | w/o Capital Stock X Labor Organization | | | |
| Membership Organization Trade Asso | ciation Cooperative | | | |

Page 3

Write or Type Committee Name

| TOANCOOT | WADIZEDA | UNION POLITICAL | ACMITRIBUTIONS | |
|-----------|----------|-----------------|----------------|-------|
| IRAMSPORT | WURKERS | | COMPRISIONS | (() |
| | | | | |

| | ustodian of Records: Identify by name, address, (phone number optional), and position of the person in ossession of Committee books and records. | | | | | | |
|--|--|---|--|-------------------|--|--|--|
| Full Name | | | | | | | |
| Mailing Address | - | | | | | | |
| | - | | | | | | |
| Title or Position ▼ | - | CITY A | | | | | |
| Title of Position \ | | CHT A | STATE | ZIF CODE A | | | |
| | | | Telephone number | | | | |
| Treasurer: List name and addre | ess of any d | nd address (phone number optional) esignated agent (e.g., assistant treasur | of the treasurer of the comer). | nmittee; and the | | | |
| of Treasurer | Joseph (| | | | | | |
| of Treasurer Mailing Address | Joseph (| iordon 1700 Broadway, 2nd FLoo | or | | | | |
| | Joseph (| | NY_ | 10019 | | | |
| | - | 1700 Broadway, 2nd FLoo | | 10019 | | | |
| Mailing Address Title or Position ♥ | - | 1700 Broadway, 2nd FLoo New York | NY_ | ZIP CODE A | | | |
| Mailing Address Title or Position ♥ | - - | 1700 Broadway, 2nd FLoo New York CITY ▲ reasurer | NY STATE ▲ | ZIP CODE A | | | |
| Mailing Address Title or Position ▼ Full Name of Designated | Gecretary-Ti | 1700 Broadway, 2nd FLoo New York CITY ▲ reasurer | NY STATE▲ Telephone number | ZIP CODE A | | | |
| Mailing Address Title or Position Full Name of Designated Agent | Gecretary-Ti | 1700 Broadway, 2nd FLoo New York CITY A reasurer Gordon | NY STATE▲ Telephone number | ZIP CODE A | | | |
| Mailing Address Title or Position Full Name of Designated Agent | Gecretary-Ti | 1700 Broadway, 2nd FLoo New York CITY A reasurer Gordon c/o 1700 Broadway, 2nd F | NY_ STATE▲ Telephone number212 Floor | ZIP CODE A | | | |

| | FEC Form 1 (Revised 0 | 02/2003) | Page 4 | | |
|----|--|------------------------------------|-----------------|--|--|
| 9. | Banks or Other Depositories safety deposit boxes or mainta | ts, rents | | | |
| | Name of Bank, Depository, etc. | | | | |
| | J P M o | organ Chase Bank | | | |
| | Mailing Address | 1166 Avenue of the Americas, 20fl. | | | |
| | | | | | |
| | | New York NY 1003 | 36] _ [| | |
| | | CITY △ STATE △ ZIP | CODE A | | |